



GL-720547-18 01/08/2014 NRC FORM 664

SECTION 1 PAGE 1 of 2

02 - 2004 10 CFR 31.5 U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010 Estimated burden per response to comply with this mand atory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number GL-720547-18

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: AMERICAN COLLOID COMPANY Department: 5 M Ł 92 HWY 37 Address Line 1: 7 Address Line 2: **LOVELL** City: State: WY Zip Code: 82431 -For NRC Use Only Category: (Do not write here) Packet Receipt Date (MMDDYYYY): Accession Number:





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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telelphone number and title of the person who is the responsible individual for the device(s).

Last Name: BOWERS											
Bowers											
First Name: JUSTIN Middle Initial: D											
Justin											
Telephone: (307) 548-5118 Extension:											
3075485137											
Title: CURRENT SAFETY OFFICER											
EHSCOOrdinator											
Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the use or storage location of your device(s). Department:											
EHSDepart Ment											
Address Line 1: P.O. BOX 428											
924 W y 37											
Address Line 2:											
City: LOVELL											
Lovell											





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SECTION 2 - DEVICES SUBJECT TO REGISTRATION

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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key						752154 (Internal Control Number)																			
Distributor/Distributed By:						BER	THO	LD T	D TECHNOLOGIES USA, LLC																
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SECTION 3 SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

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Initi	nitial Transferor License Number (if known)																									
		<u> </u>																								
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Dev	Device Serial Number																									
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fron	How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?							0								ror listed above Date Transferred: (Received)								YY	YY	
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SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4 PAGE 1 of 1

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1									Т	rans	fer D	ate:											
NRC Device Key:																							
(from Section 2 or 6)	L	I				<u> </u>			L			Щ,		JL									
Location of the Device	:									MN	l	Ŀ	DD		Υ	YYY	Υ						
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O Returned to Man	ufact	urer	(cor	mplet	te Pa	irt 1	only)		(0	comp	lete	Part	2)										
Part 2 License Number	er of F	Recip	oient	(if tra	ansfe	erred	to a	spec	cific I	icens	see):												
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SECTION 5 - CERTIFICATION

SECTION 5 PAGE 1 of 1

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- I am aware of the requirements of the general license, provided in 10 CFR 31.5.
 (Copies of applicable regulations may be viewed at the NRC website at: http://www.nrc.gov/reading-rm/doc-collections/cfr)

DATE

2/3/2014

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.





SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NDC	Device	Lau.
INIC	Device	NEV.

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date:

American Colloid/Cetco P.O. Box 428 Lovell, WY 82431



Director, Office of Federal and State Materials and Environmental Management Programs ATTN: GLTS U.S. Nuclear Regulatory Commission Washington DC 20555-0001